1455 S Pinion St • PO Box 127 • Norwood CO 81423 • www.loneconelibrary.org

Lone Cone Library - Employment Application

Lone Cone Library District is an equal opportunity employer committed to fostering a diverse, inclusive, and respectful workplace. We do not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, gender identity or expression, age, disability, veteran status, or any other protected status under applicable law. We believe that a welcoming environment for all strengthens our ability to serve the community and enriches the experiences of both staff and patrons.

By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

General Information

Date of Application: _____ **Position(s) Applied for:** _____

Full Name: _____

Street Address: _____

City: _____**State:** _____ **Zip Code:**_____

Phone Number: _____ **Alt Phone Number:** _____

Email: _____

Employment History

Please list the names of your present or previous employers in chronological order with present or most recent employers listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add an additional page if necessary.

Employer

Name of Employer: ____

Supervisor: ____________________________ **May we contact?** [ ] Yes [ ] No

Phone Number: ____

Dates Employed (Month/Year): From: __________________ **To***:* _______________

Job Title and Duties: ____
____

Reason for Leaving: ____

Employer

Name of Employer: ____

Supervisor: ____________________________ **May we contact?** [ ] Yes [ ] No

Phone Number: ____

Dates Employed (Month/Year): From: __________________ **To***:* _______________

Job Title and Duties: ____
____

Reason for Leaving: ____

Employer

Name of Employer: ____

Supervisor: ____________________________ **May we contact?** [ ] Yes [ ] No

Phone Number: ____

Dates Employed (Month/Year): From: __________________ **To***:* _______________

Job Title and Duties: ____
____

Reason for Leaving: ____

Have you ever been involuntarily terminated or asked to resign from any job?
[ ] Yes [ ] No (If yes, please list details ______________________________________)

Additional Skills and Experience

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

_____
_____
_____
_____

Business and Professional References

Please list three professional references of individuals who are not related to you.

1.Name:_____

Phone or Email: _____ **Relationship to You**: _____

2.Name:_____

Phone or Email: _____ **Relationship to You**: _____

3.Name:_____

Phone or Email: _____ **Relationship to You**: _____

Personal References

Please list three people who know you well.

1.Name:_____

Phone or Email: _____ **Relationship to You**: _____

2.Name:_____

Phone or Email: _____ **Relationship to You**: _____

3.Name:_____

Phone or Email: _____ **Relationship to You**: _____

General Information (*Continued*)

Have you ever used another name? [ ] Yes [ ] No

If yes, Please list all other names used**:** _____

Have you ever worked for this company before? [ ] Yes [ ] No

If yes, please give dates and position: _____

Do you have friends and/or relatives working for this company? [ ] Yes [ ] No

If yes, name(s) and relationship(s):_____

On what date are you available to begin work? _____

Availability: [ ] Tues [ ] Wed [ ] Thurs [ ] Fri [ ] Sat

[ ] **Full-time** [ ] **Part-time** [ ] **Temporary**

If hired, do you have a reliable means of transportation to and from work? [ ] Yes [ ] No

Can you travel if the position requires it? [ ] Yes [ ] No

Can you relocate if the position requires it? [ ] Yes [ ] No

Are you at least 18 years old? [ ] Yes [ ] No (*If under 18, you are subject to verification that you are of minimum legal age.)*

If hired, can you present evidence of your identity and legal right to work in this country? [ ] Yes [ ] No

Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? [ ] Yes [ ] No

(We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.)

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask. Lone Cone Library District is referenced here as LCLD.

[___] I hereby authorize LCLD to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to LCLD any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release to LCLD my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

[___] In the event of my employment with LCLD, I understand that I am required to comply with all rules and regulations of the company.

[___] If hired, I understand and agree that my employment with the LCLD is at-will, and that neither I, nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

[___] I understand that safety of employees is extremely important to LCLD and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

[___] I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

[___] I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____

Date: _____